

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A. Full Name (Last, First, Middle Initial)**

**MRS. LOIS TURNER**

Mailing Address 303 WILLOW CREEK LN

City	State	Zip Code
OVILLA	TX	75154-1439

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
REGISTERED NURSE

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

**Transaction ID : SA17.342940**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

50.00

**B. Full Name (Last, First, Middle Initial)**

**MICHAEL S. TURNER**

Mailing Address 3909 INWOOD ROAD, SUITE 1002

City	State	Zip Code
DALLAS	TX	75209-5751

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
MICHAEL S. TURNER PROFESSIONAL  
ENGINEER

Occupation  
CONSULTING PETROLEUM ENGINEER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.259615**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**C. Full Name (Last, First, Middle Initial)**

**ROY TURNER**

Mailing Address 4625 BRIARBEND DRIVE

City	State	Zip Code
HOUSTON	TX	77035-5007

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
HYDRADYNE

Occupation  
PROJECT COORDINATOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

**Transaction ID : SA17.270025**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		30		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

35.00

**Subtotal Of Receipts This Page (optional)**.....

2785.00

**Total This Period (last page this line number only)**.....